



STATE OF ARIZONA
DIVISION OF EMERGENCY
MANAGEMENT



RECOVERY SECTION

STANDARD OPERATING PROCEDURES

PUBLIC ASSISTANCE PROGRAM

SECTION 19

STAFF TRAINING

Rev 5/08



**STATE OF ARIZONA
DIVISION OF EMERGENCY MANAGEMENT
PUBLIC ASSISTANCE PROGRAM
STANDARD OPERATING PROCEDURES**



TRAINING

I. ORIENTATION

The Public Assistance Office for Federal and State declared disasters or emergencies are part of the Arizona Division of Emergency Management within the Department of Emergency and Military Affairs at the Papago Park Military Reservation (PPMR). The Adjutant General of the Arizona National Guard is charged with overseeing civilian programs such as disaster assistance as well as the National Guard. Several buildings located on the PPMR house the disaster recovery section of the Division of Emergency Management. The new Public Assistance Coordinator (PAC) should become familiar with the locations of the Emergency Operations Center (EOC), the Office of the Director of Emergency Management and other key operating departments associated with Emergency Management.

Included in the orientation process is a review of the Emergency Management Division and its responsibilities as well as Emergency Operations Center (EOC) operations and the specific duties of the Public Assistance Coordinator (PAC) during and after emergency operations.

II. TRAINING

"On the job" training will include familiarization with the administration of the Division of Emergency Management as well as a review of the communications systems, travel regulations, equipment used by PACs, etc. (see checklist).

A new employee should become familiar with the following administrative forms:

- Time Sheets (including applicable pay codes)
- Request for Leave (full-time employees)
- Request for Travel Approval (prior to making travel arrangements)
- Travel Itinerary (submit before travel departure)
- Travel Reimbursement Claim (submit upon return from trip)
- If traveling in a state vehicle, be sure to check sign-out list in office. The mileage log in the vehicle should be checked at the beginning of trip and your mileage should be added upon return. The log stays in the vehicle.

- There is a fuel card in the vehicle that most major gas stations will accept. It should be inserted at the pump pay station; the odometer reading will be requested; after filling the tank, enter gallons and dollar amount on the vehicle log as well as the odometer reading. The receipt should be attached to the log. When returning a vehicle the gas tank should be at least $\frac{3}{4}$ full. Be sure to enter ending odometer reading on vehicle log. Refer to the instructions in the vehicle to report an accident.

III. PUBLIC ASSISTANCE PROGRAM TRAINING

FEMA's Independent Study programs are on CDs and are listed in this section. Electronic certificates are available for all successful completions of the on line tests. Completion of the following programs is required immediately following employment:

IS-630 - Introduction to the Public Assistance Process
IS-631 - Public Assistance Operations I

These are available in the office. See the Public Assistance Program Manager.

The following Independent Study programs are also requirements:

IS100 – Introduction to Incident Command
IS-700 – National Incident Management System (NIMS), An Introduction

They can be completed on the web site shown below.

The following list of FEMA Independent Study Programs may be helpful to both Disaster Recovery Specialists and Public Assistance Recovery Coordinators (PACs, AKA Disaster Recovery Coordinators). They can be completed at your convenience. Some may be available in this office. As this list is updated frequently, go to the following web site for the most current information:

www.training.fema.gov/EMIWeb/IS/crslist.asp.

Recommended Independent Study Courses for both the Disaster Recovery Specialist and the Disaster Recovery Coordinators are:

IS-208 State Disaster Management
IS-253 Coordinating Environmental and Historic Preservation Compliance
IS-632 Introduction to Debris Operations in FEMA's Public Assistance Program
IS-292 Disaster Basics
IS-860 National Infrastructure Protection Plan (NIPP)
IS-279 Engineering Principles and Practices for Retrofitting Flood-Prone Structures
IS-393 Introduction to Hazard Mitigation

Specialized Training:

- National Environmental Policy Act
- National Historic Preservation Act
- National Flood Insurance Program
- Benefit-Cost Analysis

Periodically, when there is a Federal disaster declaration, training classes will be held here at the Division. The activities and reviews in these classes will give the new employee an overview of his/her position. Any questions the new PAC or Disaster Recovery Specialist has can be answered during these sessions.

IV. COUNTY EMERGENCY ORGANIZATIONS

The new PAC and Disaster Recovery Specialist should be informed of the relationship of ADEM to county and local emergency management organizations. (A review of the Disaster Declaration section of this book will provide information.) In the event of a large disaster, the PAC may be assigned to a county EOC to act as liaison for ADEM during the occurring disaster and generally monitor the operation of the county EOC. The PAC may also assist in the identification of damaged areas for which emergency measures may be required. When the preliminary damage assessment for the event begins, the PAC should be somewhat familiar with the damaged areas in that county and the approximate costs that will be incurred during the recovery process.

V. FIELDWORK INFORMATION

In the process of preparing for liaison or field work the PAC should have a working knowledge of the following:

Recovery Phones:

- Hard Wire System
- Cell Phone

Computer:

- Data entry
- Network
- E-mail

Vehicles:

- Rental:
- Fuel
- State:
- Sign out
- Trip Log
- Fuel

ADOT Accident Report

Go-Kits:

- Material List

Cameras:

- Basic Functions
- Shooting
- Printing
- Downloading

Global Positioning System

- Status & Position
- Waypoints

Special Considerations:

- Clean Water Act
- Clean Air Act
- Fish and Wildlife Coordination Act.
- Endangered Species Act
- National Historic Preservation Act
- Floodplain Management Requirements

U.S. Army Corps of Engineers

- Nationwide Permit

AGENCY BI-WEEKLY TIMESHEET

 Pay Period Begin Date: 2/2/2004

 Pay Period End Date: 2/13/2004

 Pay Date: 2/20/2004

Employee Name (Last, First, MI)								EIN			Work Schedule								Process Level			Department					
		Week 1						Totals			Week 2						Totals										
	Pay Code	S	S	M	T	W	T	F	Shift	Attn Code	Total	S	S	M	T	W	T	F	Shift	Attn Code	Total	GL CO	Charge Dept	Project	Activity		
		31	1	2	3	4	5	6				7	8	9	10	11	12	13									
1																											
2	100(R)			8	8	8	8	8			40			8	8	8	8	8			40						
3	300(V)										0										0						
4	310(S)										0										0						
5	311(FS)										0										0						
6	320(H)										0										0						
7																											
8																											
9																											
10																											
11																											
12																											
Grand Total											40	Grand Totals											40				
Reason For Extra hours:																											
Employee Signature												Supervisor Approval															

Pay Codes

100 - Regular Pay	105 - Partial Day Absence	308 - Donated Lv Taken	320 - Scheduled Holiday	330 - Comp Leave	370 - Recognition Leave	630 - Industrial LWOP
101A - Staff Development	107 - Temp Emp Salary	310 - Sick Leave Taken	321 - Holiday Leave Earned	340 - Bereavement Leave	375 - Admin Leave (Paid)	640 - LWOP
102 - Excluded EE Extra Hours	300 - Annual Leave Taken	311 - Family Sick Leave	324 - Holiday Leave Taken	350 - Civic Duty	380 - Military Leave	800 - Comp Time Earned

Attendance Codes

01 - Bereave Spouse	06 - Bereave Natural Parent	11 - Bereave Grandchild	16 - Bereave Mother-in-law	26 - Fam Sick "In Loco Parentis"	31 - Fam Sick Step Child
02 - Bereave Natural Child	07 - Bereave Stepparent	12 - Bereave Brother	17 - Bereave Father-in-law	27 - Fam Sick Spouse	FS - FMLA Self
03 - Bereave Adopted Child	08 - Bereave Adoptive Parent	13 - Bereave Sister	18 - Bereave Son-in-law	28 - Fam Sick Nat Child	FF-FMLA Family
04 - Bereave Foster Child	09 - Bereave "In Loco Parentis"	14 - Bereave Brother-in-law	19 - Bereave Daughter-in-law	29 - Fam Sick Adpt Child	IN - Industrial
05 - Bereave Stepchild	10 - Bereave Grandparent	15 - Bereave Sister-in-law	20 - Fam Sick Nat Parent	30 - Fam Sick Foster Child	

Shift

1 - First Shift	2 - Second Shift (5%)	3 - Third Shift (10%)
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DEPARTMENT OF EMERGENCY & MILITARY AFFIARS
Arizona Division of Emergency Management

APPLICATION FOR AUTHORIZED LEAVE

With the exception of Emergency Sick Leave, all leave must be approved in advance of the leave period requested. The approval of leave is the responsibility of the authorized supervisor and is based on the duty requirements of the state/DEMA.

PRINT NAME _____

PERIOD OF LEAVE REQUESTED

Each box must have its own date, begin and end time.
Please indicate the type of leave taken as indicated in the box below.

DATE	()	()	()	()	()
BEGIN TIME					
END TIME					

LEAVE CATEGORY

Hours		Hours	
(A) Annual		(C) Compensatory	
(S) Sick (Self)		(SF) Sick (Family)	
(M) Military		(L) Leave Without Pay (LWOP)	
(F) Family and Medical Leave Act (FMLA) see A-8-B		(O) Other (Specify)	
Total Hours Requested			

Employee Signature & Date _____

Supervisor Signature & Date _____

Sample Travel Request

STATE OF ARIZONA ☐ IN STATE OR ☐ OUT-OF-STATE TRAVEL APPROVAL REQUEST

In accordance with A.R.S. 38-626A, applicable to out-of-state travel only,
approval is requested for the following travel:

AUTH #

EMPLOYEE NAME	EIN	TRAVEL DATES	INDEX	PCA
PURPOSE OF TRAVEL AND LOCATION (ATTACH ITINERARY OR BROCHURE)				
PROGRAM OR ACTIVITY (for example ADEM, Project Challenge, Camp Navajo, FMO):				
ESTIMATED COSTS (MUST BE COMPLETED FOR APPROVAL)				
TYPE				AMOUNT
AIR FARE - ATTACH PRINTED QUOTE FROM ADTRAV OR OTHER WEBSITE				\$
CAR RENTAL - ATTACH VEHICLE RENTAL JUSTIFICATION WORKSHEET OR MEMO				\$
LODGING - ATTACH PRINTED QUOTE FROM ADTRAV OR HOTEL				\$
MEALS/INCIDENTALS - FROM CURRENT RATE INDEX				\$
PRIVATE VEHICLE MILEAGE - LESS COMMUTE MILES X CURRENT RATE (attach air fare quote & statement of understanding you will receive the lesser)				\$
OTHER MISC COSTS (registration fees, tips for baggage- \$1-2 per bag max, taxis, shuttles):				\$
				\$
				\$
TOTAL				\$

EMPLOYEE SIGNATURE & DATE

PROGRAM MANAGER SIGNATURE & DATE

AGENCY HEAD OR DESIGNEE SIGNATURE & DATE

WHEN EXCEPTIONS TO POLICY ARE ANTICIPATED, WE WILL FORWARD THIS APPROVAL FORM WITH YOUR EXCEPTION MEMO ATTACHED, TO THE ADOA STATE COMPTROLLER, D CLARK PARTRIDGE. IN YOUR EXCEPTION MEMO, PLEASE INCLUDE ALL FACTS NECESSARY TO EXPLAIN WHY THE EXCEPTION IS NEEDED.

FROM: _____
AGENCY NAME

The Arizona State Travel Policy require that a formal request for approval be submitted when any of the below listed travel conditions are anticipated: Circle all those that apply.

- I Lodging charges in excess of policy limits
- II Use of State owned equipment out of the country
- III Use of private vehicle out of the country
- IV Total out-of-state cost expected to equal or exceed five thousand dollars (\$5,000) (Attach Form GAO-509S)
- V Out-of-state travel requires sending three (3) or more individuals from the agency (Attach Form GAO-509S)

STATE COMPTROLLER - DEPARTMENT OF ADMINISTRATION

Sample Travel Itinerary

Travel Itinerary



NAME: _____



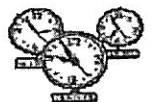
DESTINATION LOCATION: _____

PURPOSE OF TRIP: _____



DEPARTURE DATE: _____

CONTACT NAME & NUMBER: _____



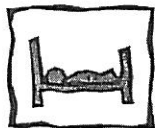
DEPARTURE TIME: _____

ESTIMATED TIME OF ARRIVAL : _____



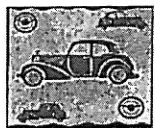
CELL PHONE: _____

SATELLITE PHONE: _____

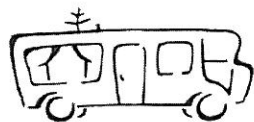


HOTEL NAME: _____

HOTEL NUMBER: _____



MODE OF TRAVEL & ID: _____



ESTIMATED RETURN
DATE & TIME: _____

CIRCLE ITEMS
TAKEN & DON'T
FORGET TO SIGN
THEM OUT.



GO KIT



CAMERA



GPS

ANY ADDITIONAL INFORMATION WE NEED: _____

HAVE A FUN TRIP !!



State of Arizona		Travel Claim Form		Purpose: Record expenses related to Travel for the State of Arizona. Meal expenses will be taxable income if there is no qualifying overnight stay. Instructions: Complete form if you have conducted travel for the State of Arizona and are in need of reimbursement.		Sample Travel Claim								
Return completed form to your state agency for review and authorization. Reimbursement for travel will be processed through the Human Resources Information Solution (HRIS) system during the normal payroll cycle. Reimbursements will be included in your bi-weekly pay.														
Employee Name		EIN		Duty Post Address										
Employee Residence Cross Streets and City				Driver License No.										
Purpose of Travel/ Description				Vehicle Type		<input type="checkbox"/> State <input type="checkbox"/> Rental <input type="checkbox"/> Passenger <input type="checkbox"/> Personal								
Travel Date	Departed Time	Place Departed From	Arrival Time	Place Arrived At	Overnight Stay	Odometer Start	Odometer End	Miles	Miles X Rate = \$\$	Meals	Lodging	Other Expenses	Transportation	
					<input type="checkbox"/>									
					<input type="checkbox"/>									
					<input type="checkbox"/>									
					<input type="checkbox"/>									
					<input type="checkbox"/>									
					<input type="checkbox"/>									
					<input type="checkbox"/>									
Overnight Stay Explanation					Less Commute Miles									
I CERTIFY that this expenditure/transaction is for a valid public purpose and is consistent with all applicable statutes, laws, appropriations, grants and contracts. I further CERTIFY that I have reviewed and understand the Statewide Travel Policy and that the amounts claimed represent the ACTUAL, QUALIFIED amounts and/or miles incurred during authorized, official State Business and that I am not requesting any reimbursements not allowed or not actually expended. If a travel advance was issued, I AGREE that the amount can be withheld from any salary, wages, or travel reimbursement due to me. Whether withheld or not, all excess monies will be returned by me within Thirty (30) days of the travel completion (A.R.S. §35-192.02).					Totals From Above									
					Totals From Other Sheets									
					Grand Totals									
Traveler Signature		Date		Total Travel Claim										
As the Supervisor, I CERTIFY that the expenses claimed were incurred for authorized official state business and that they are correct and proper charges. I CERTIFY further that this expenditure/transaction is for a valid public purpose and is consistent with all applicable statutes, laws, appropriations, grants and contracts. I APPROVE the expenses as outlined above for Reimbursement.														
Supervisor Name		EIN		Supervisor Signature		Date								
For AGENCY TRAVEL USE ONLY														
Company		Batch		Process Level		Employee								
Pay Code	Expense Amount	Date	Pay Dist	Exp Acct AFund	Exp Acct Accounting Unit	Exp Acct AY	Activity Activity	Activity Acct Category						
As the accounting representative, I CERTIFY that sufficient appropriation and monies are available for this expenditure/transaction, and that I am authorized to distribute these monies.														
Agency Acct Name		EIN		Agency Authorized Accounting Signature		Date								